



03-10-01

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UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.:	CM0333J
	First Inventor:	Qicai Shi
	Title:	SYSTEM FOR CODE DIVISION MULTI-ACCESS COMMUNICATION
	Express Mail Label No.:	EL116668855US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS <small>(see MPEP chapter 600 concerning utility patent application contents)</small>		ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>in duplicate</i> (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)		
3. <input checked="" type="checkbox"/> Specification Total Pages 57 -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identify of above copies		
ACCOMPANYING APPLICATION PARTS			
4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets 13	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))		
5. Oath or Declaration	10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney Statement (when there is an assignee)		
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	11. <input type="checkbox"/> English Translation Document (if applicable)		
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed)	12. <input type="checkbox"/> IDS <input type="checkbox"/> Copies of IDS Citations		
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	13. <input type="checkbox"/> Preliminary Amendment		
6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)		
15. <input type="checkbox"/> Certified Copy of Priority Document			
16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent			
17. <input type="checkbox"/> Other: _____ _____ _____			
18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) Prior Appl. No. _____			
Prior Appl. information:		Examiner: _____	Group/Art Unit: _____
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		24273	or <input type="checkbox"/> Correspondence address below
Name	Daniel K. Nichols		
Address	Motorola, Inc. – Law Department 8000 West Sunrise Boulevard		
City	Ft. Lauderdale	State	Florida
Country	U.S.A.	Telephone	(954) 723-6449
Name	Daniel K. Nichols		Registration No. 29,420
SIGNATURE	<i>Daniel K. Nichols</i>		Date March 9, 2001

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FEE TRANSMITTAL Patent fees are subject to annual revision		Complete if Known	
		Application Number	
		Filing Date	
		First Named Inventor	Qicai Shi
		Examiner Name	
Group Art Unit			
TOTAL AMOUNT OF PAYMENT	(\$ 1662.00)	Attorney Docket No.	CM03333J

METHOD OF PAYMENT				FEES CALCULATION (continued)																																																																																																																															
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number 50-0757 Deposit Account Name Motorola, Inc.				3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="2"></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2520</td><td>147</td><td>2520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1840*</td><td>113</td><td>1840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td></tr> <tr><td>118</td><td>1390</td><td>218</td><td>695</td></tr> <tr><td>128</td><td>1890</td><td>228</td><td>945</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td></tr> <tr><td>138</td><td>1510</td><td>138</td><td>1510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1240</td><td>241</td><td>620</td></tr> <tr><td>142</td><td>1240</td><td>242</td><td>620</td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> </tbody> </table>				Large Entity	Small Entity			Fee Code	Fee (\$)	Fee Code	Fee (\$)	105	130	205	65	127	50	227	25	139	130	139	130	147	2520	147	2520	112	920*	112	920*	113	1840*	113	1840*	115	110	215	55	116	390	216	195	117	890	217	445	118	1390	218	695	128	1890	228	945	119	310	219	155	120	310	220	155	121	270	221	135	138	1510	138	1510	140	110	240	55	141	1240	241	620	142	1240	242	620	143	440	243	220	144	600	244	300	122	130	122	130	123	50	123	50	126	180	126	180	581	40	581	40	146	710	246	355	149	710	249	355	179	710	279	355	169	900	169	900	Other fee (specify) _____			
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SUBMITTED BY																																																																																																																																			
Name (Print/Type)	Daniel K. Nichols			Registration No.	29,420	Telephone	(954) 723-6449																																																																																																																												
Signature	<i>Daniel K. Nichols</i>			Date	March 9, 2001																																																																																																																														